realize FOSTERING POSITIVE CHANGE FOR PEOPLE LIVING WITH HIV AND OTHER EPISODIC DISABILITIES

An environmental scan of publicly-funded rehabilitation services across Canada

Introduction

Outpatient rehabilitation services, including physiotherapy (PT), occupational therapy (OT), and speech-language pathology (SLP), are known to improve health outcomes and quality of life for people living with chronic health conditions such as multiple sclerosis, cancer, arthritis, diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease, and HIV (Cheng, et al., 2014; Holm, et al., 2012; O'Brien, et al., 2014). Living with comorbid chronic illnesses increases the need for rehabilitation services (Franssen & Rochester, 2014; Holm, et al., 2014). According to the Canadian Thoracic Society, only 0.4% of Canadians with COPD are able to access appropriate community-based rehabilitation programs due to an extreme shortage of available services (Camp, et al., 2015). Other disease-specific organizations have also reported that there are few outpatient rehabilitation options available to their populations (Canadian Lung Association, 2005; Teasell, Meyer, Foley, Salter, & Willems, 2009).

The Canada Health Act (CHA), the legislation that dictates the health services provinces need to provide to receive federal funding, only requires the provision of 'medically necessary' services (Canada Health Act, 1985). 'Medically necessary' is not explicitly defined by the CHA and therefore remains available for interpretation (Romanow, 2002). Most often this concept is understood by the provinces to refer to hospital-based care, including inpatient hospital-based rehabilitation services, and physician services (Romanow, 2002; Health Canada, 2011).

As community-based rehabilitation is not considered a medically necessary service in Canada, a confusing mix of publicly-funded and private options has emerged and the system as a whole lacks capacity to meet the needs of the population (Camp, et al., 2015; Canadian Lung Association, 2005; Landry, Raman, & Al-Hamdan, 2010; Teasell, Meyer, Foley, Salter, & Willems, 2009). Inequities in access to publicly-insured health services across Canada are well established; the abovementioned mix of rehabilitation options contributes to this phenomenon across the country and within provinces/territories (Emery & Kneebone, 2013; Sibley & Weiner, 2011).

As each province and territory defines for itself which rehabilitation services they will fund, it is difficult to get a sense of the outpatient rehabilitation services available nationally. This environmental scan seeks to provide an overview at the national level, and determine gaps and room for innovation within the current offerings.

Methods

A cross-section of Canadian provinces and territories were chosen for inclusion in this scan, ensuring representation from the north, south, east, and west of the country. Within each province, three cities (or towns) of varying size were chosen; the largest city in the province/territory (>100 000 people, if possible), a medium sized city (30 000-99 999 people), and a small city (<30 000). In Nunavut, only small cities were identified. Population size was determined based

on 2011 Statistics Canada census results of corresponding census subdivisions (Statistics Canada, 2015a). On-reserve First Nations and Inuit communities were excluded from the scan as health services for members of these communities are funded by Health Canada directly or through contribution agreements with the First Nations and Inuit Health Board instead of by the provincial/territorial ministries (Health Canada, 2015).

The provinces and corresponding cities chosen are as follows:

Province	**Small (<30 000)**	**Medium (30 001 – 99 999)**	**Large (>100 000)**
British Columbia	Terrace	Prince George	Vancouver
Nova Scotia	Yarmouth	Cape Breton Regional Municipality	Halifax Regional Municipality
Nunavut*	Cambridge Bay	Rankin Inlet	Iqaluit
Ontario	Dryden	Midland	Toronto
Quebec	Puvirintuk	Val d'Or	Montreal
Saskatchewan	La Ronge	Estevan	Saskatoon

* All cities in Nunavut had populations of less than 30 000 people (Statistics Canada, 2015b)

For each province, the provincial or territorial government website for the department or ministry of health was searched first, followed by that of the appropriate regional health authority(s), if applicable. The websites of hospitals, rehabilitation centres, team-based primary care settings, and community health centres were searched next. This was followed by generalized searches for outpatient speech-language pathology, occupational therapy, and physiotherapy services in each city. Finally, professional associations like the Canadian Association of Occupational Therapists and the Speech and Hearing Association of Nova Scotia, and licencing colleges like the College of Physiotherapists of Ontario websites were searched for listings or descriptions of public services. If that information was not easily found, the health authority, professional association, licencing college and/or facility was directly contacted by phone and/or email.

To be included, services must meet the following inclusion and exclusion criteria:

Inclusion Criteria
People age 18-64 are eligible for the service
Outpatient and/or community-based
Publicly-funded
Within the boundaries of the city/town
Provided by a physiotherapist, occupational therapist, and/or speech language pathologist

Exclusion Criteria
Pediatric or seniors-only services
In-patient only
Fee-for-service programs with user fees
Service provided by only non-regulated professionals performing 'rehab' and/or medical staff
Eligibility for the service requires recent medical intervention (surgery) or evidence of a permanent disability

Results

Initially, it appeared that there were plenty of rehabilitation services available to people living across Canada. Upon closer review of the offerings, however, it was apparent that most of the programs were being delivered to residents within long-term care homes and/or were available only to people 55 years and older or who were living with a complex disability. Programs that provided service for adults living in the community with a chronic condition(s), and not a disability (physical or cognitive) were less available.

Information on available community-based rehabilitation services was difficult and confusing to obtain, cities of smaller size had fewer services, and there were differences in service availability across the three disciplines examined (OT, PT, SLP).

British Columbia:

In British Columbia (BC), the majority of health facilities are overseen by one provincial health authority, which in turn, works closely with five regional health authorities to plan and deliver health care in the province (Province of British Columbia, 2016). Each regional health authority website links to most of the services available in each region. The information presented on the health authority websites is not comprehensive and general searches do not provide a complete list of PT, OT, or SLP services offered.

Prince George and Terrace both have various long-term care facilities that offer adult day programs; however these day programs are most often for seniors and adults with permanent disabilities. For the regional hospitals in both areas, the only information provided on the Northern Health website was the facility address. Further searches uncovered the existence of rehabilitation services, although no specifics were available. Both cities have community and/or health centres, but their websites provide no information about health services they may offer.

Vancouver has many more facilities and services involving PT, OT, and SLP than Prince George or Terrace. The presence of the GF Strong Rehabilitation Centre ensures the availability of specialized services for people with orthopedic or neurological diagnoses. There are also programs for people with cardiovascular or pelvic floor conditions.

Saskatchewan

Saskatchewan provides health care through 13 regional health authorities (Government of Saskatchewan, 2016). Each health authority provides information regarding their facilities through their website, including the services available at each location. Northern and remote areas in Saskatchewan have minimal rehabilitation services. There is only one health facility in La Ronge that offers rehabilitation, and according to the website, PT is the only rehabilitation profession represented. In Estevan, there is also one facility that offers rehabilitation services, however that centre does offer outpatient services by all three types of rehabilitation professional (PT, OT, SLP). Currently there is one OT and one SLP in Estevan. There are a number of PTs but there is a waitlist for outpatient therapy.

Naturally, Saskatoon, the largest city in Saskatchewan, has the largest number of facilities and services. One unique feature offered by the Saskatoon Health Region, is a comprehensive program for people living with chronic disease - the *LiveWell Chronic Disease Management Program* (Saskatoon Health Region, 2016). This program offers both general and disease-specific services for people living with chronic disease including diabetes or COPD. Program participants can also browse through a comprehensive booklet that describes various local health-based programs offered for people living with chronic disease . Physiotherapy, however, is the only rehabilitation service listed in that booklet (Saskatoon Health Region, 2016). Saskatchewan provides another example of increased availability of rehabilitation services in larger cities. PT also appears to more widely available as compared to OT or SLP.

Nova Scotia

Nova Scotia is unique in that the entire province's health services, including PT and OT but excluding outpatient SLP, are provided by a single organization; the Nova Scotia Health Authority (Nova Scotia Health Authority, 2015). As such, each facility and program is listed on one organizational website. The descriptions of the offerings at each facility are minimal and although PT and OT services are often listed; specific information about rehabilitation programs in each city and facility are unavailable online.

Publicly-funded speech services in Nova Scotia are all provided by a single provincial agency, the Nova Scotia Hearing and Speech Centres, at various facilities around the province (Nova Scotia Hearing and Speech, 2016). Yarmouth and Cape Breton-Sydney both have one outpatient facility offering SLP services whereas Halifax has several (Nova Scotia Hearing and Speech, 2016).

Nunavut:

Nunavut is the most remote area in Canada examined in this scan. There are rehabilitation services located in both Iqaluit and Rankin Inlet. Cambridge Bay (Kitikmeot region), however, has no local services and instead receives visiting rehabilitation professionals from receives them from Yellowknife (Government of Nunavut). There are home- and community-based rehabilitation services available to residents of Nunavut who are members of the Nunavut Health Care Plan; referral and admission criteria were not available on the site. Nunavut does not have a facility dedicated to rehabilitation services and none of the three rehabilitation professions - PT, OT, and SLP - have a licensing college based in Nunavut.

Ontario

Ontario is one of the only provinces examined in which each facility, especially those in Toronto, had their own organizational websites. The facilities are searchable through the regional health authority (Local Health Integration Networks) websites, but again, search results for each professional service are not comprehensive. Toronto was the largest city included in this scan and accordingly had the greatest number and variety of services. It was difficult to navigate through all the information available online, and to decipher the criteria for a program, where it was offered, or its cost.

In both Midland and Dryden, a handful of services were offered in family health teams or at Ontario Health Insurance Plan (OHIP) funded clinics. Publicly-funded clinics established by the province provide physiotherapy services for Ontarians with OHIP coverage, but these publicly-funded services are only available to those under 18, seniors and adults 19-64 years old if they qualify for social assistance (Queen's Printer for Ontario, 2015). There are no OHIP funded clinics for OT or SLP services. Waitlists are common for publicly-funded clinics. The health centre in Dryden acknowledges the waitlist for physiotherapy services and indicates that people with chronic health conditions and/or chronic pain that is not changing quickly, will be placed on the waitlist.

Quebec

In the last year, Quebec has modified its regional health service provision (Quebec, 2015). Services have become centralized with 13 Centres Intégré de Santé et de Services Sociaux and 9 Centres Intégré Universitaire de Santé et de Services Sociaux coordinating the health services for each region (Gouvernement du Quebec, 2016). According to their health services website, information is currently being reviewed to ensure that it reflects the recent changes that have occurred (Gouvernement du Québec, 2016). It was unclear whether the websites, at the time of the scan, were up to date. Like Saskatchewan, Quebec healthcare facilities are each linked to regional organizations whose websites provide minimal information on services offered.

It appears that there are no regular PT, OT or SLP services available in Puvirnituq. The closest mention is found in an annual report and an article on remote rheumatology that refers to visiting PTs, and the lack of OTs but says nothing in reference to SLPs (Beaudoin, 2013; Chalmers, Carette, & Ligier, 2003). Montreal, the largest city in Quebec, has the most rehabilitation services available. However, like in other instances, the services were difficult to find and it was challenging to make out what was actually offered.

Discussion

This scan of rehabilitation services across Canada has demonstrated that there are rehabilitation services for adults in the publicly-funded sphere. However, these services are not equitably distributed across the country, easy to access or comprehensive. Concerns arise with the following issues:

- Finding information about services online is confusing and not often comprehensive
- Different services are available in different geographic areas
- SLP is least often available within the public sector, as compared to PT and OT
- Publicly-funded services often involve waitlists

Information

Each province and territory (and sometimes facility) presents information on their health services website in a unique way. The amount of information available for each facility or service and the ease of locating that information varied across the country and sometimes even within provinces. The websites for provincial/territorial ministries, health regions, and/or facilities were, on the whole, difficult to navigate; specific (and unique) search words were required, and often relevant information regarding programming (e.g. eligibility criteria) wasn't easily available. A facility would often promote the fact that they offered PT, OT or SLP without providing details regarding the referral process, eligibility criteria or how the service was offered (i.e. inpatient vs. outpatient). This was especially frequent when regional health authorities had all health service information linked to a single site, as in Nunavut and Quebec. This may be strategic as organizations already recognize that waitlists are a concern, however, if the information is not available easily, people living with chronic disease could be missing rehabilitation opportunities that could be available to them.

The various PT, OT, and SLP provincial licensing bodies also provide information regarding practicing members of each profession. Some of their websites enabled searches for public versus private practitioners, while others only enabled name or practice area-based searches. This was not consistent across provinces or professions.

To improve access to rehabilitation services, facilities and regional health organizations should consider taking steps to improve the accessibility of their websites. Enhancing the user experience online would lead to increased awareness of available programs and services. Additionally, it would be helpful if all licencing bodies enabled people to narrow their search to publicly-funded services or private practitioners. It would be important to do this at the level of licencing organizations. Since membership in professional associations is not always mandatory, searches conducted on these organization's websites may not yield results which are representative of the practicing rehabilitation professional population in each province.

Availability

Areas with smaller populations were found to have fewer services in place, as well as less variety and scope of services available. For example, both Terrace and Prince George, BC offer fewer rehabilitation services than Vancouver. Additionally, areas like Cambridge Bay, Nunuvat and Puvirnituq, Quebec only offer visiting rehabilitation services from

other locations (Beaudoin, 2013; Chalmers, Carette, & Ligier, 2003; Government of Nunavut). Inconsistent rehabilitation services for people living with chronic disease can contribute to poorer functional outcomes (Brundisini, Giacomini, DeJean, Vanstone, Winsor, & Smith, 2013; Casaburi & ZuWallack, 2009).

Larger cities were often home to dedicated rehabilitation facilities, which offered a wider range of specialized services (pelvic floor physiotherapy, driver rehabilitation, MS programming). It is understandable that areas with smaller populations may not be able to support more specialized services, however, even in more densely populated areas with more rehabilitation services, the offerings are not comprehensive. Some have strict referral criteria, others are time-limited programs (8 weeks only), while others only offer treatment to those aged 55 or over (Anne Johnston Health Station, n.d.; Nova Scotia, 2015)

The fact that the need for rehabilitation services outweighs the availability of these services, especially in rural areas, should encourage the development of creative solutions. Ontario Telemedicine Network's telehomecare program, initiatives which utilize robotic and telehealth technologies, and the Telehealth and Telepractices position statement by the American Speech-Language Hearing Association (Georgeadis & Krumm, 2007; McAllister, 2016; Ontario Telemedicine Network, 2015) position technology as a viable possibility and asset to health service provision in remote and rural areas. These creative solutions may also be used to increase the availability of rehabilitation services (especially SLP) in the public sphere.

Waitlists

Depending on the province and/or program, publicly-funded rehabilitation services may be available with or without a medical referral. However, we noted that several health service providers' websites referred to the existence of waitlists for these services. Hospital outpatient clinics and community-based clinics explicitly state that they will see people in order of priority, and that those with chronic health conditions (conditions that are not changing drastically over time) are considered low priority. According to these guidelines, chronically ill individuals will be placed on waitlists and private rehabilitation will be recommended until the publicly-funded service becomes available (Dryden Regional Health Centre, 2016; Nova Scotia Physiotherapy Association, 2016; Providence Health Care, 2016).

It is vital that people living with chronic illness are able to access the rehabilitation they need in order to maintain their function and/or improve their quality of life. This is necessary to prevent acute episodes of illness that may require in-patient care, which in combination with visits to the emergency department, is the most expensive aspect of the health system (Romanow, 2001). If rehabilitation cannot fully prevent acute illness or disability, it will still prolong periods of wellness, and ensure that a person is functioning optimally prior to an episode of illness and/or disability, which can lessen recovery time (Romanow, 2001; World Health Organization, 2011). In addition to the technologically-based solutions described above, rehabilitation providers could try to collaborate with community recreation-based programs to ensure that people living with chronic illness have access to ongoing services, support and monitoring. For example, this approach could increase access to physiotherapy-type services for people who would benefit from ongoing personalized rehabilitation and fitness (Rimmer & Henley, 2013).

Conclusion

Lack of information about where and how to access publicly-funded outpatient rehabilitation services, differential availability of outpatient services across jurisdictions, and waitlists are all barriers to rehabilitation for people with chronic health conditions. To remedy this situation, health authorities, researchers, policy makers, program planners, and rehabilitation professionals must work together to make information on rehabilitation services user friendly, and develop creative solutions which increase the availability of these services. Disability and chronic illness weigh heavily on

individual health, social services and the workforce. By providing people with chronic health conditions with the rehabilitation they need, prior to the onset of disability or acute episodes of illness, we will ensure greater productivity, quality of life and health for all Canadians.

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References

Anne Johnston Health Station. (n.d.). *Primary Health Care*. Retrieved 2016, from http://www.ajhs.ca/primary-health-care-services/primary-health-care

Beaudoin, J. (2013). *Annual Report 2012-2013 - Innulitsivik Health Center.* http://www.inuulitsivik.ca/documents/Pdf/Rapport-annuel%202012-2013%20version%20finale-ANG.pdf.

Brundisini, F., Giacomini, M., DeJean, D., Vanstone, M., Winsor, S., & Smith, A. (2013). Chronic disease patients' experiences with accessing health care in ruarl and remote areas: A systematic reveiw and qualitative meta-synthesis. *Ontario Health Technology Assessment Series, 13*(15), 1-33.

Camp, P. C., Hernandez, P., Bourbeau, J., Kirkham, A., Debigare, R., Stickland, M. K., et al. (2015). Pulmonary rehabilitation in Canada: A report from the Canadian Thoracic Society COPD Clinical Assembly. *Canadian Respiratory Journal, 22*(3), 147-152.

Canada Health Act, R.S.C., 1985, c. C-6. (n.d.).

Canadian Lung Association. (2005). *Chronic Obstructive Pulmonary Disease (COPD): A National Report Card.* Ottawa.

Casaburi, R., & ZuWallack, R. (2009). Pulmonary rehabilitation for management of chronic obstructive pulmonary disease. *The New England Journal of Medicine, 360*, 1329-35.

Chalmers, A., Carette, S., & Ligier, S. (2003). Remote rheumatology. *The Journal of the Canadian Rheumatology Association, Winter*.

Cheng, S.-T., Wu, Y.-K., Yang, M.-C., Huang, C.-Y., Huang, H.-C., Chu, W.-H., et al. (2014). Pulmonary rehabilitation improves heart rate variability at peak exercise, exercise capacity and health-related quality of life in chronic obstructive pulmonary disease. *Heart & Lung, 43*(3), 249-255.

Dryden Regional Health Centre. (2016). *Rehabilitation Services*. Retrieved 2016, from http://www.drhc.on.ca/programs-services/rehabilitation-services/

Emery, J. H., & Kneebone, R. (2013). The challenge of defining medicare coverage in Canada. *SPP Research Papers, 6*(32).

Franssen, F. M., & Rochester, C. L. (2014). Comorbidities in patients with COPD and pulmonary rehabilitation: Do they matter? *European Respiratory Review, 23*(131), 131-141.

Georgeadis, A. C., & Krumm, M. (2007). What should I know about telehealth and telepractice? How does telepractice apply to audiology and speech-language pathology? *Access Academics and Research*. American Speech-Language-Hearing Association. Retrieved from http://www.asha.org/academic/questions/Telehealth-and-Telepractices/

Gouvernement du Québec. (2016). *Health and Social Services Centres (CSSSs)*. Retrieved 2016, from Portail santé mieux-être: http://sante.gouv.qc.ca/en/systeme-sante-en-bref/csss/

Gouvernement du Quebec. (2016). *Network Reorganization*. Retrieved 2016, from Santé et Services Sociaux: http://www.msss.gouv.qc.ca/en/reseau/reorganisation/portrait

Government of Nunavut. (n.d.). *Rehabilitation*. Retrieved 2016, from Department of Health: http://www.gov.nu.ca/health/information/rehabilitation

Government of Saskatchewan. (2016). *Health Region Contact Information and Websites*. Retrieved 2016, from https://www.saskatchewan.ca/residents/health/understanding-the-health-care-system/saskatchewan-health-regions/health-region-contact-information-and-websites

Health Canada. (2011). *Canada Health Act - Frequently Asked Questions*. Retrieved 2016, from Health Care System: http://www.hc-sc.gc.ca/hcs-sss/medi-assur/faq-eng.php#a3

Health Canada. (2015). *First Nations & Inuit Health - Contribution Agreements*. Retrieved 2016, from http://www.hc-sc.gc.ca/fniah-spnia/finance/agree-accord/index-eng.php

Holm, L. V., Hansen, D. G., Johansen, C., Vedsted, P., Larsen, P. V., Kragstrup, J., et al. (2012). Participation in cancer rehabilitation and unmet needs: A population-based cohort study. *Supportive Cancer Care, 20*, 2913-2924.

Holm, L. V., Hansen, D. G., Kragstrup, J., Johansen, C., Christensen, R. d., Vedsted, P., et al. (2014). Influence of comorbidity on cancer patients' rehabilitation needs, participation in rehabilitation activities and unmet needs: A population-based cohort study. *Supportive Care in Cancer, 22*(8), 2095-2105.

Landry, M., Raman, S., & Al-Hamdan, E. (2010). Accessing timely rehabilitation services for a global aging society? Exploring the realities within Canada's universal health care system. *Current Aging Science, 3*(2), 143-150.

McAllister, J. (2016). Is it time for mainstream 'Telephysiotherapy' in Canada? *Physiotherapy Practice, 6*(1), 6-9.

Nova Scotia. (2015). *Cardiovascular Health Nova Scotia*. Retrieved 2016, from http://novascotia.ca/DHW/cvhns/available_services.asp

Nova Scotia Health Authority. (2015). *Nova Scotia Health Authority*. Retrieved 2016, from http://www.nshealth.ca/

Nova Scotia Hearing and Speech. (2016). *Nova Scotia Hearing and Speech Centres*. Retrieved 2016, from http://www.nshsc.nshealth.ca/

Nova Scotia Physiotherapy Association. (2016). *About Physiotherapy - Paying for Physiotherapy Services*. Retrieved 2016, from http://www.physiotherapyns.ca/index.php/site/about_physio_paying/

O'Brien, K. K., Ibanez-Carrasco, F., Solomon, P., Harding, R., Cattaneo, J., Chegwidden, W., et al. (2014). Advancing research and practice in HIV and rehabilitation: A framework of research priorities in HIV, disability and rehabilitation. *BMC Infections Diseases, 14*.

Ontario Telemedicine Network. (2015). *Telehomecare*. Retrieved March 2016, from https://otn.ca/en/home-community-care

Patti, F., Ciancio, M. R., Reggio, E., Lopes, R., Palermo, F., Cacorpardo, M., et al. (2014). The impact of outpatient rehabilitation on quality of life in multiple sclerosis. *Journal of Neurology, 249*(8), 1027-1033.

Providence Health Care. (2016). *Physiotherapy Outpatient Service*. Retrieved 2016, from http://www.providencehealthcare.org/physiotherapy-outpatient-service

Province of British Columbia. (2016). *Health Authorities*. Retrieved 2016, from http://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities

Quebec. (2015). Bill 10. *An Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies*. 1st Sess, 41st Leg.

Queen's Printer for Ontario. (2015). *Get Physiotherapy*. Retrieved 2016, from https://www.ontario.ca/page/get-physiotherapy?_ga=1.58285357.603681.1458575061

Rimmer, J. H., & Henley, K. Y. (2013). Building the crossroad between inpatient/outpatient rehabiltitation and lifelong community-based fitness for people with neurlogic disability. *Journal of Neurologic Physical Therapy, 37*, 72-77.

Romanow, R. J. (2001). *Building on Values - The Future of Health Care in Canada.* Retrieved from Government of Canada Publications: http://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf

Romanow, R. J. (2002). *Medically Necessary: What is it, and who decides?* Retrieved 2016, from Government of Canada Publications: http://publications.gc.ca/collections/Collection/CP32-78-1-2002E.pdf

Saskatoon Health Region. (2016). *LiveWell Chronic Disease Management*. Retrieved 2016, from https://www.saskatoonhealthregion.ca/locations_services/Services/cdm/Pages/About-Us.aspx

Sibley, L. M., & Weiner, J. P. (2011). An evaluation of access to health care services along the rural-urban continuum in Canada. *BMC Health Services Research, 11*(20).

Statistics Canada. (2015a). *Census Subdivision (CSD)*. Retrieved 2016, from http://www12.statcan.gc.ca/census-recensement/2011/ref/dict/geo012-eng.cfm

Statistics Canada. (2015b). *Census of Population Program Datasets.* Retrieved 2016, from Statistics Canada Catalogue no. 98-311-XCB2011023: http://www12.statcan.gc.ca/datasets/Rp-eng.cfm?LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=1&PID=102010&PRID=0&PTYPE=101955&S=0&SHOWALL=0&SUB=0&Temporal=2011&THEME=88&VID=0&VNAMEE=&VNAMEF=

Teasell, R., Meyer, M. J., Foley, N., Salter, K., & Willems, D. (2009). Stroke rehabilitation in Canada: A work in progress. *Topics in Stroke Rehabilitation, 16*(1), 11-19.

World Health Organization. (2011). Rehabilitation. In *World Report on Disability* (pp. 93-133). Malta: World Health Organization.